EXHIBIT R

Jail Healthcare Services
Practitioner's Order

Patient Name: *[handwritten] Third John*	Verbal/Telephone Orders ☐ No ☑ Yes Per *[handwritten signature]*
DOB: ████ **ID #** *[handwritten]*	*[handwritten illegible medical orders]*
Housing Unit:	
Allergies: *[handwritten]*	
Noted by: *[handwritten signature]*	
Date/Time: *[handwritten]*	**Provider Signature:** *[handwritten]* **Date/Time:**

Patient Name:	Verbal/Telephone Orders ☐No ☐Yes Per:
DOB: _____ **ID #** _____	
Housing Unit: _____	
Allergies:	
Noted by: _____	
Date/Time: _____	**Provider Signature:** _____ **Date/Time:** _____

Patient Name:	Verbal/Telephone Orders ☐No☐ Yes Per:
DOB: _____ **ID #** _____	
Housing Unit: _____	
Allergies:	
Noted by: _____	
Date/Time: _____	**Provider Signature:** _____ **Date/Time:** _____

Patient Name:	Verbal/Telephone Orders☐ No ☐Yes Per:
DOB: _____ **ID #** _____	
Housing Unit: _____	
Allergies:	
Noted by: _____	
Date/Time: _____	**Provider Signature:** _____ **Date/Time:** _____